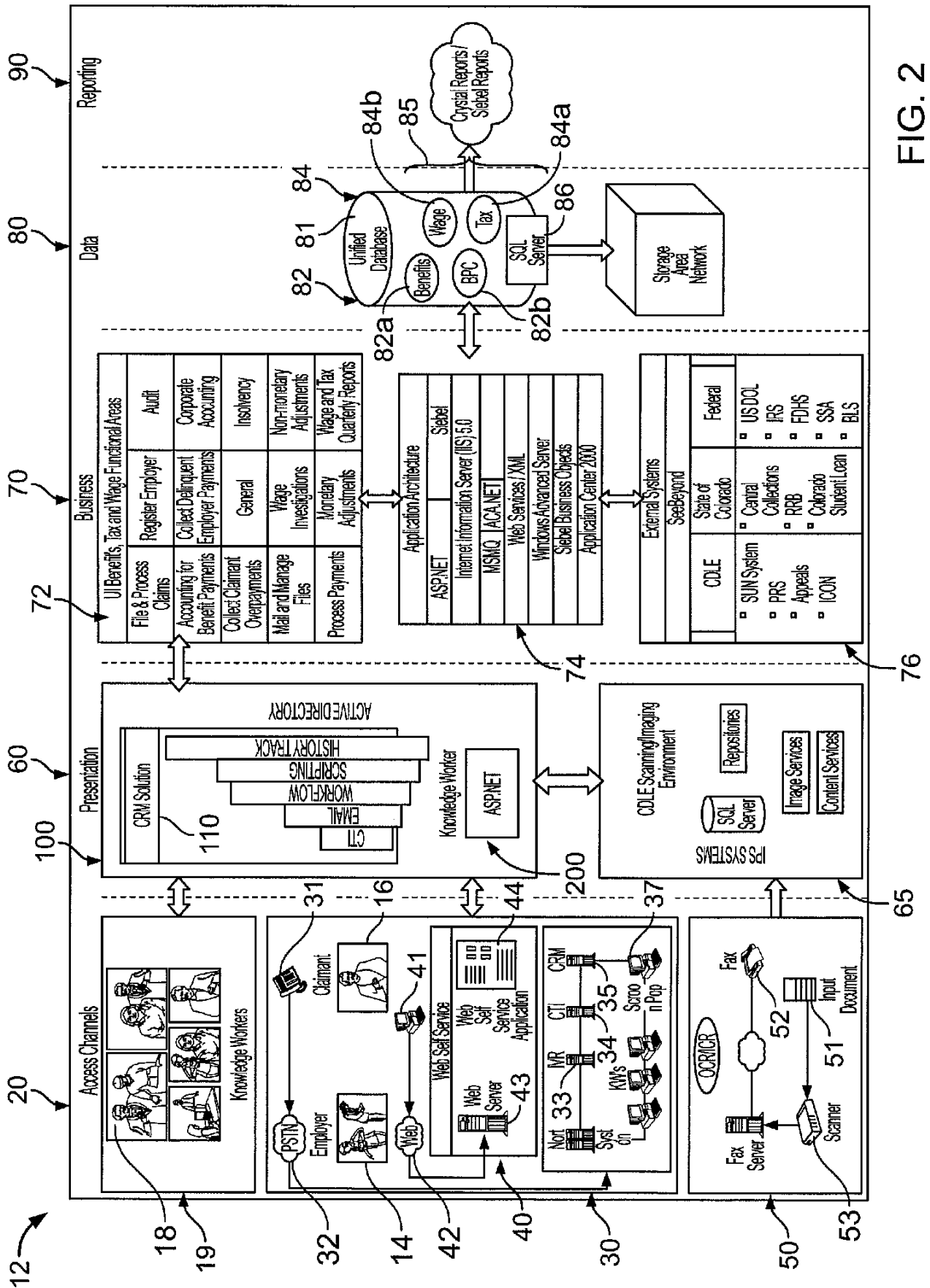


FIG. 1



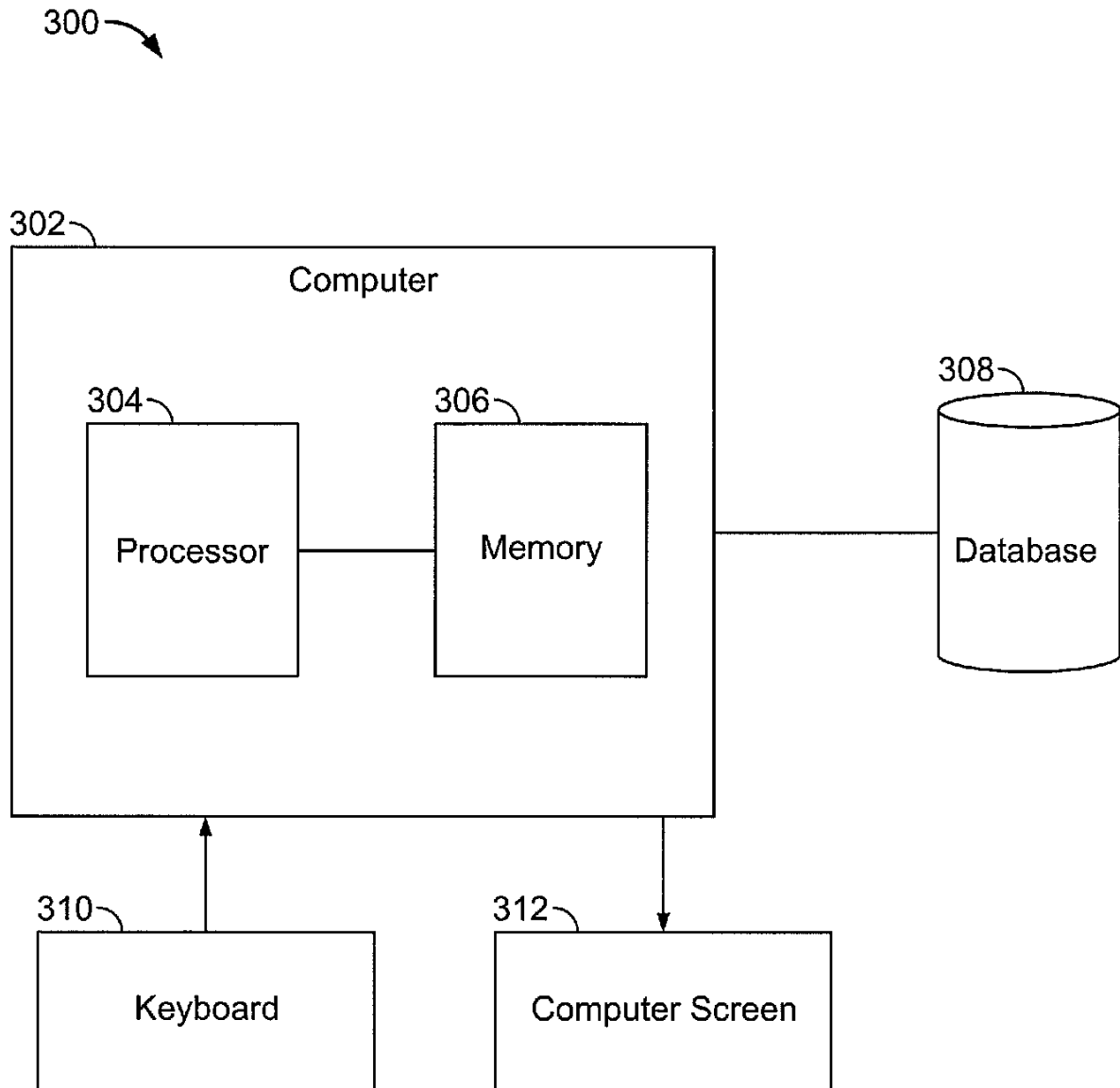



FIG. 3

210 →




UI Workers & Employers Resource Center Solution

Whether you're searching for a job, a few good employees, or a service that will facilitate work, your search is over.

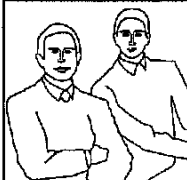
Whatever your employment-related needs, let us work for you!

Related Links
[Click here to connect to a wealth of useful sites.](#)




Employers

- [Find skilled, qualified workers](#)
- [Post jobs](#)
- [Register your business with the UI tax department](#)
- [File a Protest](#)
- [File an Appeal](#)
- [Submit your UI tax and benefit information online](#)
- [View UI policies and procedures](#)
- [Find child care providers for your employees](#)
- [Get job market facts](#)



Workers

- [Find a job](#)
- [Create a resume](#)
- [Find local child care providers](#)
- [Get job market facts](#)
- [Get Unemployment Insurance](#)



Services

- [Child care](#)
- [Training providers](#)
- [Transportation](#)
- [Other Services](#)

From posting jobs and finding skilled, qualified employees to filing tax and benefit information online, workforce solutions are now at your fingertips, saving you time!

Whether you're interested in a new job or a new career, employment information and related services have never been so convenient!

Click on these links for information about services that help make it easier to plan careers, get to work and attract employees.

214

216

FIG. 4

220 →




	Workers			
Account Profile	Claim History	File Claim	Policies and Procedures	Message Box
<p>Please answer the following questions</p>				
* 1. During the last 18 months, have you worked outside of the state?			<input type="radio"/> Yes <input type="radio"/> No	
* 2. During the last 18 months have you worked for the federal government? This includes employment with NAF, AAFES, etc.			<input type="radio"/> Yes <input type="radio"/> No	
* 3. During the last 18 months, have you performed any active military service of 90 days or more, other than training with a National Guard or reserve unit?			<input type="radio"/> Yes <input type="radio"/> No	
* 4. In the last 12 months, have you filed a claim for benefits against any state other than Kansas?			<input type="radio"/> Yes <input type="radio"/> No	
Looking for a job? Check out Job Link .			<input type="text"/>	
<p>Legend: * = required  Copyright © 2002 All rights reserved</p>				

FIG. 5A

220 →

	<h1 style="margin: 0;">Workers</h1>			
Account Profile	Claim History	File Claim	Policies and Procedures	Message Box

Your Personal Information
Currently this form is only available on-line in English. If you prefer to file your claim in Spanish or Vietnamese assistance is available at a regional call center at the following numbers:

Topeka: 785-555-1460
Kansas City: 913-555-3500
Wichita: 316-555-9947
If outside one of the local calling areas, call: 1-800-555-6333.
TDY: 913-555-6488 or 1-877-555-5432

* For future enhancements to the claim filing process please select your language preference:

Social Security Number 111110148

Enter the following personal information for yourself

* First Name

Middle Initial

* Last Name

Enter your mailing address, including your apartment or lot number, if you have one. Enter your complete mailing address so that post office can mail your check and other important Unemployment Insurance Information. As a security measure, if you previously filed an Unemployment Insurance claim and your address has changed since the last time you filed, you will be required to telephone a regional call center to verify your address change once you have completed this application.

* Mailing Address

* City (Do not abbreviate)

* State

* Zip Code

* Please select the state in which you reside.

* If you currently reside outside the state and work or look for work in the state on a regular basis, select yes, otherwise select No.
O Yes O No

Provide a telephone number where you can be reached or receive messages during daytime hours. Please enter your area code and 7 digit telephone number without parentheses or dashes.

Telephone Number


FIG. 5B

220 →

*	Highest Level of Education Completed	<input type="text"/>	<input type="button" value="v"/>
*	Are you a Veteran?	<input type="radio"/> Yes <input type="radio"/> No	
	If yes, what is your Veteran Type	<input type="text"/>	<input type="button" value="v"/>
*	Gender	<input type="radio"/> Male <input type="radio"/> Female	
*	Date of Birth Enter as MM/DD/YYYY	<input type="text"/>	
	If you are known to your employer by another name, please enter it here: <input type="text"/>		
*	We are required by the US Department of Justice to gather information regarding applicant's race and ethnic characteristics. This information is for statistical reporting only. Please check the box that applies to you.		
	<input type="radio"/> White		
	<input type="radio"/> Black		
	<input type="radio"/> Asian		
	<input type="radio"/> American Indian or Alaska Native		
	<input type="radio"/> Native Hawaiian or Other Pacific Islander		
	<input type="radio"/> Not listed above or I do not wish to supply this information		
*	Ethnic Heritage		
	<input type="radio"/> Latino / Hispanic		
	<input type="radio"/> Non Latino / Hispanic		
	<input type="radio"/> None of the above		
*	Are you a citizen or National of the United States?	<input type="radio"/> Yes <input type="radio"/> No	
	If no, enter your Employment Authorization Number.	<input type="text"/>	
	Your Employment Authorization Number is a 9 digit number that usually begins with, the letter A and can be found on one of the following documents issued to you by the Immigration and Naturalization Service: I-551, I-151, I-688, I-688A.		
	Enter your employment authorization expiration date Enter as MM/DD/YYYY	<input type="text"/>	
*	For security purposes, enter your Mother's Maiden Name. Enter last name only.	<input type="text"/>	
	For security purposes, enter your Driver's License or State ID Number, if you have one.		
	Enter your number without spaces or dashes.	<input type="text"/>	
	Select the state that issued the Driver's License or ID number.	<input type="text"/>	<input type="button" value="v"/>
			<input type="text"/>

FIG. 5C

220



Workers


[Account Profile](#) [Claim History](#) [File Claim](#) [Policies and Procedures](#) [Message Box](#)

Residency Information

* Please select the country in which you live.

* Please select the city in which you live. If your city is not listed, select "Other".


Legend: * = required

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FIG. 5D

220 →

	<h1>Workers</h1>			
Account Profile	Claim History	File Claim	Policies and Procedures	Message Box

You should be prepared to enter your work history for the last 18 months. If you worked for more than one employer during that time, we may request the company name, mailing address, dates worked and reason for separation from each employer. If you have filed a claim within the last 12 months, you may not be required to enter your complete work history at this time. Begin with your last or most recent employer. Employers for whom you worked part-time or temporary jobs must be reported. If you are still working for an employer on a part-time basis, that employer must be listed. Please enter your last employer's name and the city in which this employer is located and select the search button.

Employer Search
You can search our system for your employer if you are unsure of their mailing address. Enter the employer name to begin the search. To improve the search capability, enter the city where your employer is located. When you find your employer's name, click on the "Add to Work History" link to add it to your employment history record.

* Enter the company name:

Enter the city where your employer is located:



Legend: * = required
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FIG. 5E

220 →



Workers

[Account Profile](#)[Claim History](#)[File Claim](#)[Policies and Procedures](#)[Message Box](#)

Employers for whom you worked part-time or temporary jobs must be reported. If you are still working for an employer on a part-time basis, that employer must be listed. If your record contains a company name that is unfamiliar to you, please look at your paycheck stubs to see if the name displayed is the corporate name for one of your employers.

In order to process your claim, you **MUST** enter your last employer in the Last Employer Information section. If the employer shown in the Last Employer Information section is not your last employer, you may remove it by clicking on delete. If more than one employer is listed below, deleting the Last Employer Information will move the Employer 2 Information to the Last Employer section. If your last employer is not listed, you may delete all records and search for your last employer.


Last Employer Information
ICHABOD LAUNDRA BAR INC

* Enter First Day Worked: (MM/DD/YYYY)

* If you worked for this employer on more than one occasion, enter the date you began work during your last period of employment.

* Enter Last Day Worked: (MM/DD/YYYY)

If you worked for this employer on more than one occasion, enter the last day you worked during your last period of employment.

* Reason for leaving: 

[Click here for help with Reason for Leaving](#)

* Enter your gross wages from this employer: .00

You will need to enter your total gross wages earned from the employer you listed above. Gross wages are wages before any deductions are taken out of your check. To determine your gross wages, multiply your hourly wage times the number of hours you worked for this employer during the period you listed above. Do Not enter your hourly rate. If you worked for this employer 12 months or more, enter your total gross wages for the last 12 months only. If you worked less than 12 months, enter your total gross wages from this employment.

[DELETE EMPLOYER](#)

Severance Pay

* Are you currently receiving severance pay from your last employer?
☐ Yes ☐ No

Help - Reason for Leaving
Quit

Leaving work voluntarily when work is still available to you, including voluntary retirement. If you worked for a temporary employment agency and you did not ask for a new job assignment

FIG. 5F

220 →

within 24 hours of when your last assignment ended, you must report your separation as Quit.

Fired	Your employer chose to end your employment when work is still available.
Leave of Absence	You are temporary off work, with the employer's knowledge, and you have a specific date to return to work. This does not include disciplinary actions.
Lack of Work	Work is not available because your employer has closed their business, permanently or temporarily; work is interrupted by bad weather; your work is seasonal or you are still working for your employer but your hours have been reduced by the employer.
Labor Dispute	You are a member of a labor union and are unemployed because of a contractual dispute with your employer.

[\[Return To Top Of Page\]](#)

Legend: * = required



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FIG. 5G

220 →

Workers

Account Profile
Claim History
File Claim
Policies and Procedures
Message Box

Initial Claims Questions

<p>* 1. Are you a member of a placement union and get work only through the union hiring hall?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>1a. Are you laid off from your last employer?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>1b. If question 1a is answered Yes, select the reason for your layoff.</p>	<div style="border: 1px solid black; width: 150px; height: 20px; position: relative;"> <div style="position: absolute; right: 5px; top: 5px; width: 15px; height: 15px; border: 1px solid black; background: white;"></div> </div>
<p>* 2. Are you currently receiving Social Security, a company pension or other retirement benefits?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 3. Do you have transportation to work?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 4. Are you available to work 40 or more hours per week at this time?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 5. Are you available to accept work without any medical or other restrictions if work was offered today?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 6. Are you receiving Social Security disability payments due to a physical Impairment or handicap as defined in the Social Security Act of 1974?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 7. Do you have anyone in the home requiring care while you work?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>7a. If yes, do you have a care provider for this person if you were offered work? (A care provider could be a friend, neighbor or relative.)</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 8. Are you an officer of a corporation?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 9. Are you receiving or have you applied for Worker's Compensation? (Worker's Compensation is a payment issued as a result of a work related injury.)</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 10. Are you currently enrolled or attending school or training?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 11. Are you self-employed?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 12. Have you refused work in the last 90 days?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 13. During the last 18 months, have you worked for a school district or an employer who contracts work to schools? (Some examples of contract services are bus transportation, school nurses, cafeteria workers and paraprofessionals)</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 13a. If yes, do you have a reasonable assurance to work in the same or similar capacity in the next school year or term?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>* 14. Are you currently on a substitute employee list for any school district?</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>


If you are having difficulty completing this claim application and want to save your information and continue filling later, either through a regional call center or through the Internet, click on **Save and File Later**. If you have completed all of the required information and want to continue filing your claim on the internet, click on **Continue Filing Claim**.

Legend: * = required

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FIG. 5H

230 →



Employers

Registration

* Indicates Required Information

Have you been Previously Been Subject to Unemployment Compensation Law?

* ☐ Yes ☐ No


Did You Acquire This Business From Another Employer Or Is The Business That You Currently Own Being Reorganized?

* ☐ Yes ☐ No

Do You Employ One Or More Workers? (Corporate Officers and Limited Liability Company Members Providing Services for The Corporation Are Considered Employees.)

* ☐ Yes ☐ No

Unemployment Compensation Account Number:




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FIG. 6A

230



Employers

Registration

* Indicates Required Information

Employer Information:

* Employer Legal Name	<input type="text"/>
* Employer Trade Name	<input type="text"/>
* Mailing Address Line1	<input type="text"/>
Mailing Address Line2	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text" value="KS"/>
* Zip Code	<input type="text"/>
* Phone	<input type="text" value="()"/> - <input type="text" value=""/> ext. <input type="text"/>
Fax	<input type="text" value="()"/> - <input type="text"/>
Email	<input type="text"/>

Identification Numbers:

* Unemployment Compensation Account Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Federal Employer Identification Number	<input type="text"/> - <input type="text"/>
* State Income Tax Identification Number:	<input type="text"/> - <input type="text"/>
Workers' Compensation Number:	<input type="text"/>
Liquor Permit Number (if applicable):	<input type="text"/>

Physical Business Address:

* Street Address Line1	<input type="text"/>
Street Address Line2	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text" value="KS"/>
* Zip Code	<input type="text"/>

Employer's Principal Members (Individual, Partners, Corporate Officers, etc)

1 First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:		Title:

FIG. 6B

230 →

<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>	
Address Line 1:		Address Line 2:	
<input type="text"/>		<input type="text"/>	
City:		State	Zip
<input type="text"/>		KS <input type="checkbox"/>	<input type="text"/>

2 First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:		Title:
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>
Address Line 1:		Address Line 2:
<input type="text"/>		<input type="text"/>
City:		State Zip
<input type="text"/>		KS <input type="checkbox"/> <input type="text"/>

3 First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:		Title:
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>
Address Line 1:		Address Line 2:
<input type="text"/>		<input type="text"/>
City:		State Zip
<input type="text"/>		KS <input type="checkbox"/> <input type="text"/>

4 First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:		Title:
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>
Address Line 1:		Address Line 2:
<input type="text"/>		<input type="text"/>
City:		State Zip
<input type="text"/>		KS <input type="checkbox"/> <input type="text"/>

Payroll Records Contact:

*First Name	MI	*Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address Line 1:		Address Line 2:
<input type="text"/>		<input type="text"/>
*City:		*State *Zip
<input type="text"/>		KS <input type="checkbox"/> <input type="text"/>
*Phone:		
(<input type="text"/>) <input type="text"/> - <input type="text"/> ext. <input type="text"/>		
Type of Employer:		

FIG. 6C

230 →

*

Types of Business Operation:

*


For Corporation:Please list (State of incorporation, Date of Incorporation, Charter #)

For Fidenciary:Type?

For Limited Partnership:Name of General Partner.

For Other: Please Explain.

Next



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FIG. 6D

230 →


	<h1>Employers</h1>
Registration: Acquisition of Business	
* Indicates Required Information	
Former Employer Information:	
* Unemployment Compensation Account Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Legal Name	<input type="text"/>
* Address Line1	<input type="text"/>
Address Line2	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text" value="KS"/> <input type="checkbox"/>
* Zip Code	<input type="text"/>
* Phone	(<input type="text"/>) <input type="text"/> - <input type="text"/> ext. <input type="text"/>
Former Employer Physical Address:	
* Address Line1	<input type="text"/>
Address Line2	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text" value="KS"/> <input type="checkbox"/>
* Zip Code	<input type="text"/>
How was the Business Acquired?	
* <input type="text"/>	<input type="checkbox"/>
For Court Order: Please detail the Name of the Court, Case Number, and Title.	
For Liquor Permit Transfer: Please detail the Permit Number and Transfer Date.	
For Other: Please Explain	
<input type="text"/>	
Date Business Acquired:	
* <input type="text"/>	mm/dd/yyyy
Was the Business Being Operated at Time of Acquisition?	
* <input type="radio"/> Yes <input type="radio"/> No	
If no: Date Former Owner Ceased Operation <input type="text"/> mm/dd/yyyy	
Did You Acquire All of the Former Owner's Locations	

FIG. 6E

230

* ☐ Yes ☐ No

If no: List the Business Locations the Former Owner Still Operates (Trade Name, Address, Zip)

*

Did You Acquire 100% of the Former Owner's Business Assets?

* ☐ Yes ☐ No

If no: List the Assets of the Former Owner's Business You Did Not Acquire
(include accounts receivable)


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FIG. 6F

230 →



	Employers
<p>Registration: Liability Determination</p> <p>* Indicates Required Information</p> <p>Date of Operations Began:</p> <p style="margin-left: 40px;">* <input type="text"/> mm/dd/yyyy</p> <p>On What Date Did You First Employ One or More Workers?</p> <p style="margin-left: 40px;">* <input type="text"/> mm/dd/yyyy</p> <p>List the Years You Have Paid Wages Which Were Taxable Under the FUTA:</p> <p style="margin-left: 40px;">* <input type="text"/></p> <p>Is Your Enterprise Exempt From Federal Income Taxes Under Section 501c(3), Internal Revenue Code?</p> <p style="margin-left: 40px;">* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Did You Operate More Than One Place of Business or Employment?</p> <p style="margin-left: 40px;">* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Main County of Operation:</p> <p style="margin-left: 40px;">* <input type="text"/> ▼</p> <p>Number Of Workers:</p> <p style="margin-left: 40px;">* <input type="text"/> ▼</p> <p>Nature of Business:</p> <p style="margin-left: 40px;">* <input type="text"/> ▼</p> <p>Materials Used:</p> <p style="margin-left: 40px;"><input type="text"/> ▼</p> <p>What Types of Services Do You Perform for Other Units of the Company?</p> <p style="margin-left: 40px;"><input type="text"/> ▼</p> <p style="margin-left: 40px;">If Other: Explain</p> <p style="margin-left: 40px;"><input type="text"/> ▼</p> <p>How Many Employees Do You Employ That May Be Excluded from Unemployment Compensation (such as family members, contractors or other)?</p> <p style="margin-left: 40px;">* <input type="text" value="0"/></p>	

FIG. 6G

230 →



Employers

Registration: Liability Determination

Unemployment Compensation Excluded Services

Type	Name	SSN	Reason	Amount of Remuneration Paid	Family Relationship	Date of Birth
Family <input checked="" type="checkbox"/>						
Family <input checked="" type="checkbox"/>						
Family <input checked="" type="checkbox"/>						
Family <input checked="" type="checkbox"/>						
Family <input checked="" type="checkbox"/>						
Family <input checked="" type="checkbox"/>						

Next



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FIG. 6H




Employers

Registration: Liability Determination

Did you employ any employees performing services for remuneration of kind in:

Year 2002	<input checked="" type="radio"/> Yes <input type="radio"/> No
Year 2001	<input type="radio"/> Yes <input checked="" type="radio"/> No
Year 2000	<input checked="" type="radio"/> Yes <input type="radio"/> No
Year 1999	<input checked="" type="radio"/> Yes <input type="radio"/> No
Year 1998	<input type="radio"/> Yes <input checked="" type="radio"/> No


Next



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FIG. 6I

230 →



Employers

Registration: Liability Determination

Total gross wages:

Q1 2002 <input style="width: 80px;" type="text"/>	Q1 2001 <input style="width: 80px;" type="text"/>	Q1 2000 <input style="width: 80px;" type="text"/>
Q2 2002 <input style="width: 80px;" type="text"/>	Q2 2001 <input style="width: 80px;" type="text"/>	Q2 2000 <input style="width: 80px;" type="text"/>
Q3 2002 <input style="width: 80px;" type="text"/>	Q3 2001 <input style="width: 80px;" type="text"/>	Q3 2000 <input style="width: 80px;" type="text"/>
Q4 2002 <input style="width: 80px;" type="text"/>	Q4 2001 <input style="width: 80px;" type="text"/>	Q4 2000 <input style="width: 80px;" type="text"/>

Did you employ at least one employee performing services for remuneration of any kind?

Q1 2002 <input checked="" type="radio"/> Yes <input type="radio"/> No	Q1 2001 <input checked="" type="radio"/> Yes <input type="radio"/> No	Q1 2000 <input checked="" type="radio"/> Yes <input type="radio"/> No
Q2 2002 <input type="radio"/> Yes <input checked="" type="radio"/> No	Q2 2001 <input checked="" type="radio"/> Yes <input type="radio"/> No	Q2 2000 <input checked="" type="radio"/> Yes <input type="radio"/> No
Q3 2002 <input checked="" type="radio"/> Yes <input type="radio"/> No	Q3 2001 <input checked="" type="radio"/> Yes <input type="radio"/> No	Q3 2000 <input type="radio"/> Yes <input checked="" type="radio"/> No
Q4 2002 <input type="radio"/> Yes <input checked="" type="radio"/> No	Q4 2001 <input checked="" type="radio"/> Yes <input type="radio"/> No	Q4 2000 <input checked="" type="radio"/> Yes <input type="radio"/> No

Did you employ at least one employee performing services for remuneration of any kind?

Year 2002

	Jan	Feb	Mar	Jul	Aug	Sep
Week1	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week2	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week3	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week4	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week5	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

Year 2001

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Week1	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week2	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week3	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week4	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week5	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

Year 2000

	Jan	Feb	Mar	Apr	May	Jun	Oct	Nov	Dec
Week1	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week2	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Week3	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

FIG. 6J

230 →

Week2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Next


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FIG. 6K

240 →


		Employers	
View Account Info File Unemployment Transactions Make Payment Policies and Procedures Message Box			
Seperation Information Request			
Claimant Information			
Sheila	Claim Date Filed:	08/12/2002	
SSN :	Benefit Year Beginning:	08/11/2002	
Reason For Separation: Lack of work	Benefit Year Ending:	08/10/2003	
Regarding: Initial Claim	Date Determination Mailed:	08/13/2002	
<p>The claimant Identified above has filed a claim for unemployment compensation benefits and listed you as a former employer. The information you furnish will be used to determine claimant's eligibility for unemployment compensation benefits.</p> <p>Due Date Is 08/30/2002</p>			
* Indicates Required Information.			
* Was the Claimants's Employment Covered by an unemployment Compensation Law?			
<input type="radio"/> Yes <input type="radio"/> No			
* What Date was the Claimant Hired?			
<input type="text"/> (mm/dd/yy)			
* What was the Claimant's Last Day of Work?			
<input type="text"/> (mm/dd/yy)			
* Since the Claimant's Hire Date, Did the Claimant Work Six or More Weeks Either Part-time or Full-time?			
<input type="radio"/> Yes <input type="radio"/> No			
If No, Weeks Worked: <input type="text" value="1"/>			
* Did the Claimant Earn \$xxx or More?			
<input type="radio"/> Yes <input type="radio"/> No			
If No, Amount Earned: \$ <input type="text"/>			
* Was the Claimant Separated Due to Lack of Work?			
<input type="radio"/> Yes <input type="radio"/> No			
If Yes, Is the Separation Less Than 45 Days? <input type="radio"/> Yes <input type="radio"/> No			
If Yes, Approximate Date of Recall: <input type="text"/>			
If No, Reason for Separation: <input type="text"/>			
* Have Any Payments Been Made to the Claimant Since 12/24/2001?			
<input type="radio"/> Yes <input type="radio"/> No			
Payments Made to Claimant Since Claimant's Hire Date:			
<u>Payment Type</u>	<u>From Date</u>	<u>Through Date</u>	<u>Amount</u>

FIG. 7A

240

<input type="checkbox"/> Wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Holiday Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Vacation Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Severance Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the Information furnished is true and correct.

* Name:

* Address:

* City, St Zip:

* Phone: () - ext.



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FIG. 7B

250 →



Employers

[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)

Request for Protest/Appeal

* Indicates Required Information.

Claimant Information

Sheila	Claim Date Filed:	08/12/2002
SSN :	Benefit Year Beginning:	08/11/2002
Reference Number: 783278987	Benefit Year Ending:	08/10/2003
Reason For Separation: Laid off, no more work available	Date Determination Mailed:	08/13/2002

* A Protest/Appeal Is Requested For: Determination of Benefits

* Reason for Protest/Appeal

Use this space to enter text related to claimant's separation from employment.


Information Provided By:

* Name:

* Address:

* City, St Zip:

* Phone: () - ext.



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FIG. 8

260 →

Employers

[View Account Info](#)
[File Unemployment Transactions](#)
[Make Payment](#)
[Policies and Procedures](#)
[Message Box](#)

Employee Wage Report

August 22, 2002
 3 Qtr, 2002

Choose Sort Order: SSN

Filing Report For: Current Quarter

Employee Information			Gross Wages Paid					
SSN	Name	1 Qtr	2 Qtr	3 Qtr	4 Qtr	Year to Date	No. of Weeks	Status
	Smith S R	3,456.56	5,456.43	<input style="width: 50px;" type="text"/>		8,912.99	0 ▼	Active
	Robert F F	4,543.45	5,500.00	<input style="width: 50px;" type="text"/>		10,043.23	0 ▼	Active
	Kennedy R F	2,323.24	3,453.45	<input style="width: 50px;" type="text"/>		5,776.43	0 ▼	Active
	O'Malley J S	456.67	6,543.45	<input style="width: 50px;" type="text"/>		7,000.12	0 ▼	Active
	Richard F J	5,456.43	5,456.43	<input style="width: 50px;" type="text"/>		10,912.86	0 ▼	Active
	Andersen S B	2,343.23	5,500.00	<input style="width: 50px;" type="text"/>		7,843.23	0 ▼	Active
	Williams J F	3,453.45	3,453.45	<input style="width: 50px;" type="text"/>		6,906.90	0 ▼	Active
	McDonald B S	6,543.45	6,543.45	<input style="width: 50px;" type="text"/>		13,086.90	0 ▼	Active
	Stibek S D	5,456.40	1,000.40	<input style="width: 50px;" type="text"/>		6,456.80	0 ▼	Active
	Burner N C	2,343.23	5,500.00	<input style="width: 50px;" type="text"/>		7,843.23	0 ▼	Active
	Butterfield D J	3,453.45	9,453.45	<input style="width: 50px;" type="text"/>		12,906.90	0 ▼	Active
	Calet J Q	6,543.45	2,543.45	<input style="width: 50px;" type="text"/>		9,086.90	0 ▼	Active

<< Previous
Next >>

Add Employees
Modify Employees

Please Mark the Appropriate Box:(If Applicable)

☐ Please an X here if you had no workers or paid no wages this Quarter.

☐ Please an X here if individual employee's wages are reported on magnetic tape or diskette.(Complete Employee's Contribution Report,print,sign at both places indicated and submit the form with your tape or diskette)

Number of Covered Workers
 January

Contact Person

Calculate Total

February

Contact Phone ---

Save as Draft

March

Date August 22,2002

Delete Draft

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FIG. 9

270 →




		<h1>Employers</h1>					
View Account Info File Unemployment Transactions Make Payment Policies and Procedures Message Box							
<h2>Balance Due</h2>							
Outstanding Collection Balance as of September 7, 2002					Current Amount Due: 4,343.34		
<u>Assessment #</u>	<u>Lien #</u>	<u>Tax</u>	<u>Interest Due</u>	<u>Forfeiture</u>	<u>Paid</u>	<u>Canceled</u>	<u>Total</u>
2 Qtr. 2001							\$7,088.54
F2439281	23409471	\$6,930.83	\$0.00	\$500.00	(\$6,776.53)	(\$211.09)	\$443.21
F2439280	47929023	\$6,145.33	\$0.00	\$500.00			\$6,645.33
2 Qtr. 2002							\$6,760.21
F2439283	43459840	\$6,260.21	\$0.00	\$500.00			\$6,760.21
2001 Current Amount Due:							\$7,088.54
2002 Current Amount Due:							\$6,760.21
Interest Due As of 09/07/2002					Current Total Amount Due: \$13,848.75		
For Assistance, call the Collection Section at (785)466-2781 ext.5000, or send us an e-mail at							
File Electronic Payment							
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FIG. 10

280 →



Employers

[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)

Make a Payment

* Payment Selection :

* Payment Amount :

* Payment Method: ☒ Credit Card ☐ ACH - electronic funds transfer

Credit Card Information

*Credit Card Type

*Credit Card Number

*Expiration Month:

*Expiration Year:

*Cardholder's Name:

ACH-electronic funds transfer

*Financial Institution Name:

*Financial Institution City:

*Account Type:

*Account Number:

*Routing Number:


***** **

123 New York ***
City, USA 12345

**** VOID***VOID***VOID***VOID ****

123123123 789789789789 101

101



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FIG. 11

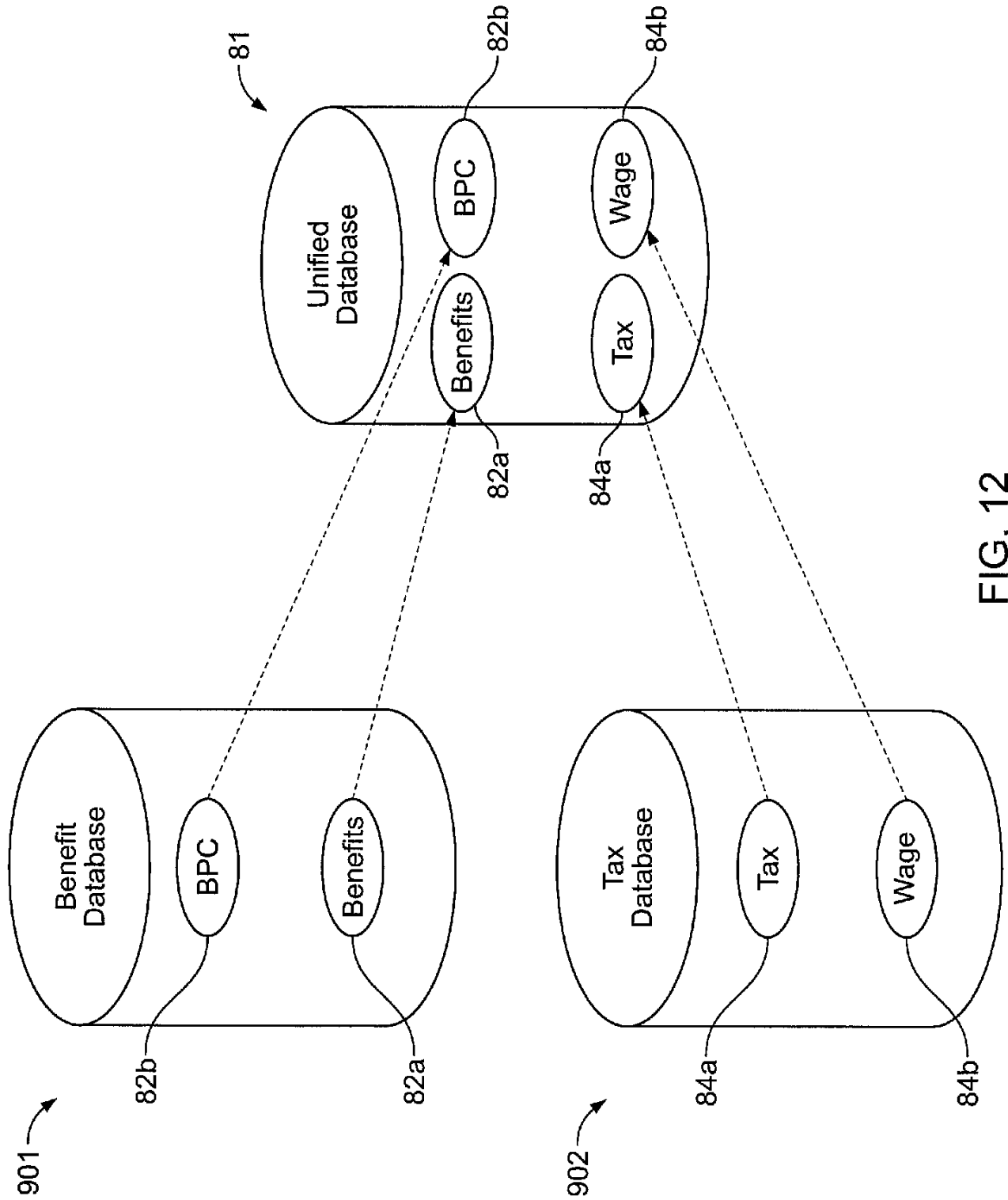



FIG. 12



Employers

View Account Info File Unemployment Transactions Make Payment Policies and Procedures Message Box

Monthly Benefits Charge Statement

Monthly Statement For:

Charges By Week:

Charges Posted as of August 2, 2002:		728,313.31
August 10, 2002		64,023.90
August 17, 2002		(10,181.67)
August 24, 2002		43,315.16
August 31, 2002		121,538.95
Total Charges as of August 31, 2002:		947,009.65


View Weekly Charges

Current Weekly Charges as of September 5, 2002: \$5,607.00

Weekly Statement for: OR From: (mm/dd/yyyy) To: (mm/dd/yyyy)

View

View



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FIG. 13



Employers

[View Account Info](#) [File Unemployment Transactions](#) [Make Payment](#) [Policies and Procedures](#) [Message Box](#)

Determination of Benefits

Reference Number: 783278987

5768493-43-1

Claimant Information

Sheila
SSN:

Claim Date Filed:
Benefit Year Beginning:
Benefit Year Ending:
Date Determination Mailed:

08/12/2002
08/11/2002
08/10/2003
08/13/2002

Base Period: April 1, 2001 - March 31, 2002

The Claimant Has Qualifying Base Period Wage Credits.

Weekly Benefit Amount: \$ 289.00

Dependency Class: A

Amount of Maximum Potential Chargeback: \$ 5,000.00

Proportion Charge: 100.000 %

Reason for Separation: Laid off, no more work available.

A decision allowing the application does not mean the claimant will receive benefits. The claimant and his/her most recent employer(s) will receive a separate determination of eligibility to be paid weekly benefits which may or may not be in favor of the claimant.


[Submit Protest](#)



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FIG. 14



Workers

Account Profile
Claim History
File Claim
Policies and Procedures
Message Box

Claim History

Claimant Information
 Sheila.....
 SSN:
 Benefit Year Begin Date: 08/11/2002
 Benefit Year Ending Date: 08/10/2003
 Claim Date: 08/11/2002


Claim Status: Initial State
 Weekly Benefit Amount: \$ 175.00
 Maximum Benefit Amount: \$ 5,000
 Retirement Deduction: Yes
 Child Support Deduction: No

History as of 09/15/2002

An Overpayment Exists on Your Account
 A Penalty Exists on Your Account

Reference#	Week	Status	Claim Date	Earning	Deducted	Date Paid	Gross Amount	Check Amount
890890001	August 11 - 17, 2002	Waiting Week	08/18/2002	\$ 0.00	\$10.00	-	\$0.00	\$0.00
890890001	August 18 - 24, 2002	Allowed	08/25/2002	\$0.00	\$10.00	08/30/2002	\$165.00	\$165.00
890890003	August 25 - 31, 2002	Allowed	09/01/2002	\$50.00	\$10.00	09/07/2002	\$115.00	\$115.00
890890004	August 1 - 7, 2002	Allowed	09/08/2002	\$0.00	\$10.00	09/14/2002	\$165.00	\$165.00

Remaining Balance \$ 4555



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FIG. 15


		Workers		
Account Profile	Claim History	File Claim	Policies and Procedures	Message Box
<p>We have found the following job opportunities for you! Please print a copy of this page for your records.</p>				
Job Referral 1		more information...		
Job Title:	Teller			
Description and Duties:	MUST HAVE MINIMUM 1 YR BANK TELLER EXPERIENCE, HAVE SALES ABILITY. ABLE TO HANDLE HEAVY BAGS OF COIN. MUST ALSO HAVE SUPERVISOR QUALITIES IN DEALING WITH STAFF GENERAL PUBLIC.			
Job Order Number:	IN0310426			
Experience:	1 years 0 months			
Preferred Education Level:	High School Diploma or Equivalent			
Preferred Hourly Salary:	From: \$9.00 to \$12.50			
Job Location:	Kansas City			
Type of Employment:	Full-time			
Exemption Status:	Non-exempt			
Shift:	Day			
Available:	Immediately			
Contact:	Third Party			
Company Name:	Contact Local Training and Employment Center			
Preferred Contact Method:	Telephone			
Job Referral 2		more information...		
Job Title:	Teller			
Description and Duties:	MUST HAVE MINIMUM 6 MO PREVIOUS TELLER/MONEY HANDLER EXPERIENCE. MUST HAVE STRONG PEOPLE SKILLS, REFERENCES.			
Job Order Number:	IN0310882			
Experience:	0 years 6 months			
Preferred Education Level:	High School Diploma or Equivalent			
Preferred Hourly Salary:	From: \$8.76 to \$13.14			
Job Location:	Kansas City			
Type of Employment:	Full-time			
Exemption Status:	Non-exempt			
Shift:	Day			
Available:	Immediately			
Contact:	Susan Daley, Mgr.			

FIG. 16A


Company Name	FirstMetro Bank of Indiana
Preferred Contact Method:	Telephone
more Information...	
Job Referral 3	
Job Title:	Teller
Description and Duties:	MUST HAVE PRIOR EXPERIENCE HANDLING MONEY, STRONG MATH SKILLS. DEPENDABLE, HARDWORKING, PUNCTUAL. PREVIOUS TELLER EXPERIENCE A PLUS.
Job Order Number:	IN0310918
Experience:	0 years 0 months
Preferred Education Level:	High School Diploma or Equivalent
Preferred Hourly Salary:	From: \$8.00 to 10.00
Job Location:	Kansas City
Type of Employment:	Full-time
Exemption Status:	Non-exempt
Shift:	Day
Available:	Immediately
Contact:	Third Party
Company Name:	Contact Local Training and Employment Center
Preferred Contact Method:	Telephone
Next	
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FIG. 16B